Carriage Same Control						0765567				
CLAIMS AS FILED - PART I					SMALL	ENTITY		OTHE	THAN	
	<u>(Coluir</u>	(Column 1)		(Column 2)		TYPE		OTHER THAN		
FOTAL CLAIMS						FEE	7	RATE	FEE	
OR	LE HARRE	COMBERTALE.		AFILER BERTOL		168 370 90	OR	BASIC FEE	740.00	
OTAL CHANGEABLE OF	Allei: ni	00005202					ÚR	X\$18=		
IDEPENDENT CLAIMS	DEPENDENT CLAIMS minus 3 -		•		X42:		OB	X84±		
IULTIPLE DEPENDENT C	LAIM PRESENT	ESEN1			+ 140		-1	<u>·</u>		
If the difference in column 1 is less than zero, enter 101 in column 2						-	OB	10141		
CLAIMS AS AMENDED - PART II						`	٠	., .		
(Column 1) , (Column 2) (Column 3)					SMAL	LENTHY	OB	OTHER SMALL	· i	
CLA	IIIIS IIIIS	HIGH	EST	PRESENT		ADDI-	7		ADDI:	
AIT	'CR	PREVIO	DUSLY	CATRA	RATE	TIONAL FEE		RATE	TIONAL FEE	
Total - 2	Minus	2	1-	:	X\$ 9=		OR	X\$18±		
Independent •  FIRST PRESENTATION	Adinus	<b>3</b>	<u> </u>		X42=		OR	X84±		
HAST PRESENTATION	OF MOLTIFIE DE	PENDENT	CLIAIN		+140=		OB	+280=		
			·	•	1014		000	107/4		
(Colui	rai 11	(Colun	n 21	(Column 3)	ADDIT FE	t L	,	40011 FEE		
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REMAI AFT AMEND	ER	PREVIO	USLY	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<del></del>			<del></del>	
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(Colum		(Colun	nn 2)	(Column 3)				,		
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FIRST PRESENTATION	N OF MULTIPLE DE	PENDENT	CLAIM	<del>'                                    </del>	X42=	1_1_	OR	X84=		
					+140=		OR	+280 <i>=</i>		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."					TOTA		OR	TOTAL		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										
The 'Highest Number Preyk	ously Paid For" (Total o	or Independe	ent) is the	highesi number	tound in the	appropriate bo	x in coi	umn 1.		
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